

Mr. SOUDER. Mr. Chairman, may I ask how much time remains?

The CHAIRMAN. The gentleman from Indiana has 3½ minutes remaining.

Mr. SOUDER. Mr. Chairman, I yield myself 2½ minutes.

First, I want to make it absolutely career that I have spent much of my career work on antinarcotics effort, and it is not a cavalier, cheap shot-type amendment here. I have visited the Vancouver multiple times. I have visited the heroin centers in Switzerland. I have been on the streets of New York and other areas where this has purported to do what the gentleman claims it does. It doesn't. The gentleman didn't cite any study, to the degree there are studies. I have already acknowledged they are mixed. But the net impact is it hasn't seen a reduction in HIV use, and it has seen an increase in heroin use.

Secondly, as far as Washington DC, they have 80 beds, capacity for 80 beds for detoxification. That is not a serious effort to reduce heroin.

Thirdly, we fund the District of Columbia. It is our national capital. You can criticize or say that we micro-manage, but, in fact, we provide much of the funding that goes in the District of Columbia, and it is, if not directly, at least indirectly taxpayer funds. Because it is a national capital, that is why it is set up as the District of Columbia.

Now, I understand there is frustration with that, but we have also tried to limit any direct or indirect funds to heroin needle exchanges anywhere in the country. This isn't targeted at Washington DC. You can look at my record. I am willing to target anybody on this program, because I don't believe it reduces HIV. I do believe it increases heroin addiction. I do believe that, in fact, it has been a well-intended, as I said, program, that has worked out to be counterproductive.

Mr. Chairman, I reserve the balance of my time.

Mr. SERRANO. Mr. Chairman, just one comment. First of all, the committee received a letter in support of removing the prohibition signed by 29 leaders of medical, public health and social service organizations.

In addition, while drug use is illegal, users should not have to pay with their lives. Studies conducted by the CDC, NIH, National Academies of Science and the GAO, which demonstrate that needle exchange programs reduce the incidence of HIV. I mean, this is an array of serious government agencies saying that this, in fact, reduces HIV.

So, on the one hand we spent a lot of money in this country, both here at home and overseas. To the President's credit, he has picked up the ball lately on that issue, and has responded better than in the past on the idea of fighting this disease throughout the world.

Well, right here at home, right here in the Nation's Capital, where the largest number of people infected exist

now, the largest ratio, we could deal with this by simply allowing them to do what they must do.

Mr. SOUDER. Mr. Chairman, I yield myself the balance of my time.

First off, we have quoted study after study on this House floor, indirect studies contracted out by different people at different times have, in fact, proven different things depending on what you want to try to prove. The net impact of it is it hasn't reduced HIV, and it has not reduced but, in fact, we have seen heroin addiction go up.

Medical associations are on both sides of the record on this issue, because on the early days of this issue it showed great promise, and there was great hope that, in fact, it might work, but that it has not. What we really need is drug treatment, not drug enable willing. What you can see when you go into these difference centers and visit them is, as a matter of fact, some people come in, they see it as a way to get clean needles. But when you analyze the studies, it's not even that those who were using dirty needles used dirty needles less, they use heroin more.

During the periods of time where they could get the needles at the distribution points, they get the needles at the distribution points. At other times, when they want to get caught up, they go get the dirty needles. It doesn't even reduce. In a case-by-case basis, there's not proven sustained evidence that it even reduces the dirty needles of those who go to the centers. Unless you have round-the-clock constant track usage in a controlled setting, it simply doesn't have the impact that it claims to have.

I believe that this is good Federal policy that we have maintained since 1999, and we should keep this policy.

Mr. Chairman, I yield back the balance of my time.

Mr. OBEY. Mr. Chairman, I move to strike the last word.

The Acting CHAIRMAN. The gentleman is recognized for 5 minutes.

Mr. OBEY. Mr. Chairman, I want to congratulate the gentleman from Indiana. I was not aware of the fact that he had gotten a medical degree. I don't think he is a doctor, and neither am I, and so I would submit that neither one of us are actually qualified to make final judgments about medical matters.

But I am also bothered by something else. You know, I came here to be a Member of the United States Congress. I didn't come here to be a Member of the D.C. City Council. I'm certainly not getting paid for it. I don't know if the gentleman is, but I'm not, and I don't feel like doing double duty as a city councilman at 7 minutes after midnight. I don't even think I would feel like doing that tomorrow.

But what I am bothered by is the idea that somehow we think we can come from our own communities, our own States, and then come to this town, because we happen to technically

approve the district's budget in a plan-tation-type style, we, therefore, begin to tell the District of Columbia that we are going to decide what kind of medical advice is relevant. I heard the gentleman say this in debate, I believe it is wrong.

Well, the gentleman is perfectly entitled to that opinion, just as I am entitled to my opinion. But the fact is that I don't believe that it makes much sense for either Dr. SOUDER or Dr. OBEY to be telling D.C. how they can use their own money. I think it's the height of arrogance on the part of the Congress.

If you want to dictate to communities, would you dare go home and dictate to your own hometown what the city council ought to do? Would you say that because we provide Federal money to your city council, that somehow we should decide what their policy ought to be on medical matters? I don't think so.

I am baffled by people, especially by conservatives, who every day will profess to believe in local control, States' rights and the like, but then when it comes to the District of Columbia, they say, well, because we have a special opportunity, we are going to impose our judgment on yours. I don't think this is about the issue of needle exchange or drugs. I detest drugs. My God, look what they have done to Rush Limbaugh.

But for God's sake, it seems to me that we ought to have enough restraint to recognize that if we wanted to dictate to the D.C. what their policies ought to be, then we ought to resign from Congress and run for city council for the District of Columbia, or maybe even mayor.

But until that time, it seems to me that the District of Columbia government has the right to make their own choices even if they are wrong.

Now, Will Rogers said once that when two people agree on everything, one of them is unnecessary.

I would submit that I don't have to agree with the gentleman's opinion, and he doesn't have to agree with mine to recognize that we have got a right to state those opinions and follow up on them on Federal matters. But we are interfering in the operation of a local city, and we have no right to do that on education, on drugs or anything else.

You learn from your own mistakes, and if the District of Columbia is making the wrong choice, then I suspect in time evidence will show they made the wrong choice.

But, until then, we are imposing our own judgment on a life-threatening matter. As one layman to another, that makes no sense whatsoever.

Mr. Chairman, I yield back the balance of my time.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

The Acting CHAIRMAN. The gentleman is recognized for 5 minutes.